

Substitute for form 1449A/PTO .				Complete if Known			
		<b>ΩNI</b>	DISCLOSURE	Application Number			
				Filing Date			
8	STATEMEN	TE	SY APPLICANT	First Named Inventor	Atindra K. Mitra		
				Group Art Unit			
	(use as mai	ny she	ets as necessary)	Examiner Name	(not assigned)		
Sheet	1	of	1	Attorney Docket Number	AFD 712		

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Examiner Initials*	Cite No.1	Document Number  Number - Kind Code <sup>2</sup> (if known)	Name of Patentee or Applicant of Cited Document			Publication Date MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
		US-5,648,701-B1	Hooke et al.		07-15-1997			
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	NO.	Country Code <sup>3</sup> – Number <sup>4</sup> Kind Code <sup>5</sup> (if known)		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document		Where Relevant Passages or Relevant Figures Aappear	T <sup>6</sup>
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